



OFFICE OF THE STATE FIRE MARSHAL
Division of Personnel Standards and Education
1035 Stevenson Dr.
Springfield, IL 62703-4259

APPLICATION FOR CERTIFICATION/VALIDATION-ATTESTATION SHEET

APPLICANT'S NAME: _____ DL.# _____

Home Address _____

FIRE DEPT. MEMBERSHIP: _____ Phone() _____

Address _____ Date: _____

NOTE: All course and experience certification prerequisites must be met, according to appropriate Section of Ill. Administrative Code.

Transcripts or Completion Records (non-credit delivery) must be attached.

Check Level of Certification Requested:

- | | |
|---|---|
| <input type="checkbox"/> Basic Operations Firefighter | <input type="checkbox"/> Technical Rescue Awareness |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Rescue Specialist-Confined Space |
| <input type="checkbox"/> Advanced Technician Firefighter | <input type="checkbox"/> Trench Operations |
| <input type="checkbox"/> Firefighter III | <input type="checkbox"/> Trench Technician |
| <input type="checkbox"/> Haz. Mat. First Responder-Awareness | <input type="checkbox"/> Structural Collapse Operations |
| <input type="checkbox"/> Haz. Mat. First Responder-Operations | <input type="checkbox"/> Structural Collapse Technician |
| <input type="checkbox"/> Haz. Mat. Technician <input type="checkbox"/> A OR <input type="checkbox"/> B | <input type="checkbox"/> Vehicle/Machinery Operations |
| <input type="checkbox"/> Hazardous Materials Incident Command | <input type="checkbox"/> Vehicle/Machinery Technician |
| <input type="checkbox"/> Fire Service Vehicle Operator | <input type="checkbox"/> Rescue Specialist-Vertical II |
| <input type="checkbox"/> Fire Service Vehicle Operator-Provisional | <input type="checkbox"/> Rope Operations |
| <input type="checkbox"/> Fire Apparatus Engineer | <input type="checkbox"/> Water Operations |
| <input type="checkbox"/> Fire Service Instructor I | <input type="checkbox"/> Airport Firefighter |
| <input type="checkbox"/> Fire Service Instructor II | <input type="checkbox"/> Juvenile Firesetter Intervention. Specialist |
| <input type="checkbox"/> Fire Service Instructor III | <input type="checkbox"/> Fire Service Executive Support |
| <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Investigator |
| <input type="checkbox"/> Fire Officer I-Provisional | <input type="checkbox"/> Fire Inspector I |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Fire Inspector II |
| <input type="checkbox"/> Fire Officer II-Provisional | <input type="checkbox"/> Public Fire and Life Safety Educator 1 |
| <input type="checkbox"/> Training Program Manager | <input type="checkbox"/> Basic Fire Prevention Officer |
| <input type="checkbox"/> Fire Department Incident Safety Officer | <input type="checkbox"/> Advanced Fire Prevention Officer |
| <input type="checkbox"/> Fire Dept. Health & Safety Officer | |
| <input type="checkbox"/> Fire Department Safety Officer | |

This form is to be signed by the School Director, Instructor AND employing Fire Chief before submission to Office for certification.

By my signature as a **School Director and qualified Instructor** of the Authority Having Jurisdiction, I attest that all course objectives have been taught all cognitive and practical skills successfully accomplished, and that records exist and are available for review by the Division of Personnel Standards and education.

School Director's Signature/or Employing Fire Chief

Date

Qualified Instructor's Signature

D.L.#

Date

By my signature as **employing Fire Chief**, I certify this individual is an employee of my fire department meeting specifications in 50 Illinois Compiled Statutes (ILCS) 740/2, Illinois Fire Protection Training Act. I attest that this applicant has exhibited experience and documentation exists supporting the appropriate Illinois Administrative Code. All certification training requirements for this individual have been met, applicable practical skill evolutions have been successfully accomplished, and training records exist substantiating this documentation and are available for review by the Division of Personnel Standards and Education.

Employing Fire Chief

Date